

37

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF MICHIGAN

DIONE ANDRE WADE

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

v.

MELINDA BRAMAN (WARDEN AT R.A. HANCOCK
CORT. FACILITY.)
THE MICHIGAN DEPARTMENT
OF CORRECTIONS;

G.M.H.P. KRISTIE MARIE VAN HARN;

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

Case: 2:23-cv-11199
Judge: Berg, Terrence G.
MJ: Altman, Kimberly G.
Filed: 05-22-2023 At 10:49 AM
DION WADE, V BRAMAN, ET AL, (LG)

Jury Trial: ☐ Yes ☐ No
(check one)

**Complaint for Violation of Civil Rights
(Prisoner Complaint)**

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in *forma pauperis*.

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name DIONE ANNE WADE
 All other names by which you have been known:
DIONNE BROWN
JORREL BYRD
 ID Number 434839
 Current Institution WOODLAND CENTER COR. FACILITY
 Address 9036 E. M-36
WHITMORE LAKE, MI 48189

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name MICHIGAN DEPARTMENT OF CORRECTIONS
 Job or Title N/A
 (if known)
 Shield Number N/A
 Employer N/A (THE STATE OF MICHIGAN)
 Address N/A (THE STATE OF MICHIGAN)
GRANDVIEW PLAZA - P.O. BOX 30013 - LANSING, MI 48909
☐ Individual capacity ☒ Official capacity

Defendant No. 2

Name

KRISTIE MARIE VAN HARN

Job or Title
(if known)

QUALIFIED MENTAL HEALTH PROFESSIONAL

Shield Number

UNKNOWN

Employer

MICHIGAN DEPARTMENT OF CORRECTIONS

Address

3110 HARVEST SOUTHWEST AVE. GRANDVILLE, MI
49418 (PHONE # 616-272-6369)☐ Individual capacity☒ Official capacity

Defendant No. 3

Name

MELINDA BRAMAN

Job or Title
(if known)

WARDEN OF RICHARD A. HANDLON CORR. FACILITY

Shield Number

UNKNOWN

Employer

MICHIGAN DEPT. OF CORRECTIONS

Address

1728 W. BLUEWATER HIGHWAY (R.A. HANDLON)
FONIA, MI 48846☐ Individual capacity☒ Official capacity

Defendant No. 4

Name

Job or Title
(if known)

Shield Number

Employer

Address

☐ Individual capacity☐ Official capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

- ☐ Federal officials (a *Bivens* claim)
☒ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

I AM A SEVERELY MENTALLY ILL INDIVIDUAL. MY Q.M.H.P (QUALIFIED MENTAL HEALTH PROFESSIONAL) FORCED ME TO BE THE SOLE OCCUPANT IN AN ILLEGAL SURVEILLANCE OPERATION THAT TOOK PLACE AT RICHARD A. HANCOCK COR. FACILITY FOR THE BETTER PART OF A YEAR. I WAS ALSO FORCED TO PERFORM SEXUAL ACTS AGAINST MY WILL WITH HER. LEGALLY I CANNOT CONSENT TO ANY FORM OF SEXUAL ACTS OR INTERCOURSE WITH AN M.D.O.C EMPLOYEE/CONTRACTOR. I FEEL I WAS THE SUBJECT OF CRUEL AND UNUSUAL BEHAVIOR. I WAS DEPRIVED OF MY 8TH AMENDMENT RIGHT. I WAS EXTORTED, I WAS SEXUALLY ABUSED AND ASSAULTED, I WAS THREATENED, AND I WAS MENTALLY AND PHYSICALLY TAKEN ADVANTAGE OF. I HAVE AN ABUNDANCE OF PHYSICAL EVIDENCE TO VERIFY AND VALIDATE MY ALLEGATIONS.

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

N/A

- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

KRISTIE MARIE VAN HARN WAS MY PSYCHOLOGICAL MENTAL HEALTH THERAPIST. OFFICIALLY, MY R.M.H.P.C (QUALIFIED MENTAL HEALTH PROFESSIONAL.) DURING THE YEAR OF 2021 I WAS SEXUALLY ASSAULTED BY HER ON NUMEROUS OCCASIONS. I NEVER AND COULD NOT GIVE CONSENT TO HAVE INTERCOURSE OR PERFORM SEXUAL ACTS WITH HER. I WAS ALSO EXTORTED BY HER FOR MONEY THAT WAS ATTAINED THROUGH AN ILLEGAL SMUGGLING OPERATION AT R.A. HANDSON COURT FACILITY. MY FAMILY MEMBER'S WERE FORCED TO PARTICIPATE IN THIS ILLEGAL OPERATION AGAINST THEIR WILL, DUE TO THREATS OF PHYSICAL VIOLENCE AGAINST ME. THE MENTAL HEALTH SERVICES DEPT. / GUNDELOCK STATES THAT "I HAVE THE RIGHT TO A CLEAN, SAFE ENVIRONMENT WITHOUT PHYSICAL, SEXUAL, OR PSYCHOLOGICAL ABUSE INCLUDING HUMILIATION'S, THREAT'S, AND EXPLOITATION. I HAVE THE RIGHT NOT TO BE ABUSED OR EXPLOITED FOR FINANCIAL GAIN." I WAS FORCED TO PERFORM SEXUAL ACTS WITH HER IN HER OFFICE AND OTHER AREAS IN THE UNIT. I WAS FORCED TO SELL ITEMS SUCH AS CELLPHONE'S, SUBOXANE, HEROIN, MARIJUANA, COCAINE, ECSTASY, TOBACCO, ALCOHOL, FOOD, ETC, ETC, TO THE INMATE POPULATION. I AM A DOCUMENTED SEVERELY ILL INDIVIDUAL MENTALLY. ALL OF THESE ILLEGAL ACTS TOOK PLACE IN A-UNIT WHICH IS A HOUSING UNIT FOR SEVERELY MENTALLY ILL INDIVIDUAL'S. (R.T.P UNIT) I HAVE PHYSICAL EVIDENCE OF EVERY THING THAT TOOK PLACE IN THIS REGULATED PRISON IN THE STATE OF MICHIGAN.

- III. Prisoner Status OF EVERY THING THAT TOOK PLACE IN THIS REGULATED PRISON IN THE STATE OF MICHIGAN. MELINDA GRAMAN AS THE WARDEN FAILED TO PROTECT MY RIGHTS. Indicate whether you are a prisoner or other confined person as follows (check all that apply):

- ☐ Pretrial detainee
☐ Civilly committed detainee
☐ Immigration detainee
☒ Convicted and sentenced state prisoner
☐ Convicted and sentenced federal prisoner
☐ Other (explain) _____

IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

KRISTIE MARIE VAN HARN WOULD MEET VARIOUS MEMBERS OF MY FAMILY AT CERTAIN AREAS IN THE CITY OF DETROIT TO PICK UP ILLEGAL CONTRABAND THAT SHE ARRANGED TO RECEIVE AND SMUGGLE INTO RICHARD A. HANDELOM Corr. FACILITY. SHE (BY GUIDE BECK, (ANOTHER Q.M.H.P.) WOULD OFTEN SOMETIMES ACCOMPANY VAN HARN ON THESE TRIPS TO DETROIT. THESE EVENTS TOOK PLACE EVERY SUNDAY OF EVERY MONTH FROM ~~JANUARY~~ 2021 UNTIL 8/31/2021; MY FAMILY WAS THREATENED BY VIOLENCE TO THEM AND PRIMARILY ME TO EITHER GET WHAT WAS NEEDED OR SUFFER THE CONSEQUENCES. I REPORTED INDIRECTLY TO INSPECTOR WATERS AND JONES WHAT WAS TAKING PLACE ON NUMEROUS OCCASIONS, AND I WAS TOLD TO GET MORE INFORMATION.

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose. FROM THE MONTHS OF LATE ~~JANUARY~~ 2021 UNTIL 8/31/2021 KRISTIE MARIE VAN HARN, MY QUALIFIED MENTAL HEALTH PROFESSIONAL SEXUALLY ASSAULTED ME ON NUMEROUS OCCASIONS. I NEVER GAVE VERBAL CONSENT, AND LEGALLY I WAS UNABLE TO GIVE CONSENT TO PERFORM ANY SEXUAL ACTS/INTERCOURSE WITH HER. I WAS EXTORTED BY HER AND OTHER PERSONNEL FOR MONEY THAT WAS ATTAINED THROUGH AN ILLEGAL SMUGGLING OPERATION AT R.A. HANDELOM Corr. FACILITY. MY FAMILY MEMBERS WERE FORCED TO PARTICIPATE IN THIS ILLEGAL OPERATION AGAINST THEIR WILL DUE TO THREATS OF PHYSICAL VIOLENCE AGAINST ME. I WAS FORCED ON NUMEROUS OCCASIONS TO PERFORM SEXUAL ACTS WITH VAN HARN IN HER OFFICE AND OTHER AREAS OF THE FACILITY. I WAS FORCED TO SELL ILLEGAL CONTRABAND THAT VAN HARN SMUGGLED IN DAILY TO THE INMATE POPULATION. I AM A DOCUMENTED MENTALLY ILL INDIVIDUAL AND MY RIGHTS AND DISABILITY WERE ILLEGALLY EXPLOITED BY VAN HARN AND VARIOUS M.D.O.C. PERSONNEL. I HAVE ACTUAL PHYSICAL EVIDENCE OF SOME OF THE EVENTS THAT TOOK PLACE. MELINDA BRAMAN, WARDEN OF R.A. HANDELOM Corr. FACILITY WAS MADE AWARE OF WHAT WAS TAKING PLACE WITH ME, VIA INSPECTOR WATERS AND JONES AND DEPUTY WARDEN YONKIN AND SHE FAILED TO PROTECT AND ENSURE MY SAFETY AND RIGHTS AS AN INMATE.

- C. What date and approximate time did the events giving rise to your claim(s) occur?

FROM DATE ~~JANUARY~~ 2021 UNTIL 8/31/2021. APPROXIMATE TIMES WERE MOSTLY IN THE MORNING AND SOMETIMES EARLY UNTIL LATE AFTERNOON. MOST TIMES APPROXIMATELY BETWEEN 8:00 AM AND 9:30 AM SEVERAL TIMES OR MORE EACH WEEK.

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

KRISTIE MARIE VAN HARN TOOK ADVANTAGE OF MY MENTAL HEALTH AND ALSO TOOK ADVANTAGE OF ME SEXUALLY, MENTALLY, AND EMOTIONALLY. I AM A DOCUMENTED SEVERELY MENTALLY ILL INDIVIDUAL. I WAS BEING HELD AT R.A. HANDLON CORR. FACILITY IN JONAH, MI AT THE TIME. I WAS ENTRUSTED INTO VAN HARN'S CARE BY THE UNIT CHIEF OF A-UNIT'S MENTAL HEALTH DEPT., DR. LARRY CIEPLY. I WAS MANIPULATED, COERCED, AND MANY TIMES FORCED TO PERFORM SEXUAL ACTS / INTERCOURSE WITH C.M.H.P. KRISTIE MARIE VAN HARN IN HER OFFICE MANY TIMES, AS WELL AS OTHER AREAS OF THE UNIT. I WAS TOLD THAT FAILURE TO DO WHAT I WAS BEING FORCED TO DO WOULD RESULT IN ME EITHER BEING PHYSICALLY ASSAULTED / STABBED BY OTHER INMATE'S, FALSE MATRONS / MISCONDUCT'S BEING WRITTEN AGAINST ME, BEING FORCED OUT OF THE R.T.P. MENTAL HEALTH PROGRAM, MY FAMILY WAS THREATENED TO THE POINT WHERE THEY AS WELL AS MYSELF WAS IN FEAR OF MY LIFE BEING TAKEN. I WAS FORCED TO SELL THE ITEMS THAT VAN HARN SMOUGLED IN DAILY SUCH AS CELL PHONES, SUBOXONE, HEROIN, MARIJUANA, COCAINE, ECSTASY, TOBACCO, ALCOHOL, FOOD, ETC ETC, TO THE INMATE POPULATION. I ATTEMPTED TO GET HELP FROM INSPECTOR'S WATERS AND JONES, AND I WAS REPEATEDLY INSTRUCTED BY THEM TO "GET" CERTAIN ITEMS (SMOKER SWEET CIGARS AND NEWPORT CIGARETTES) TO PROVE MY ALLEGATION'S. I DID AND WAS THEN INSTRUCTED TO DO AND SMOUGGLE EVEN MORE ILLEGAL ITEM'S IN. I AM A DOCUMENTED SEVERELY MENTALLY ILL INDIVIDUAL. I HAVE A MENTAL HEALTH HISTORY THAT DOCUMENTS ^{DATES} BACK TO THE AGE OF 12. I WAS ESSENTIALLY RAPED, MANIPULATED, EXTORTED, COERCED, AND NEGATIVELY INFLUENCED INTO CORRUPTION INSIDE THE MICHIGAN DEPT. OF CORRECTIONS BY THOSE WHO WERE ENTRUSTED TO SERVE, PROTECT, AND CARE FOR MY PHYSICAL AS WELL AS MY MENTAL WELL BEING. I HAVE BEEN MENTALLY AND PHYSICALLY TRAUMATIZED. C.M.H.P. STACY GUIDEBECK, C/O SGT. REED, C/O FARRAR, C/O FOSLER, C/O GLANKAMP, C/O TATE, C/O PALMER, C/O SAVAGE, C/O FERRIS, C/O BOWEN, NURSE PRACTITIONER SEIFULLAH, DR. CIEPLY, AND ALSO VARIOUS INMATE'S WHO I WOULD RATHER NOT NAME OUT OF FEAR OF RETALIATION OR OF BEING ASSAULTED, ALL KNEW OR EITHER SUSPECTED WHAT WAS GOING ON. DEPUTY WARDEN YLON, INSPECTOR'S WATERS AND JONES ALL HAD DIRECT KNOWLEDGE OF WHAT WAS TAKING PLACE WITH ME. MY FAMILY ALSO. AND I STILL AM IN FEAR FOR MY LIFE. WARDEN BRAMAN WAS ALSO AWARE.

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive. I HAVE BEEN MENTALLY AND EMOTIONALLY TRAUMATIZED BY WHAT TOOK PLACE WITH ME. I HAVE BEEN ASSAULTED BY OTHER INMATE'S FOR REPORTING WHAT TOOK PLACE WITH ME. I HAVE BEEN LABELED AS A "BAT" OR "SWITCH" BY THE INMATE AND CORRECTIONAL OFFICER POPULATION FOR REPORTING WHAT HAPPENED TO ME. I HAVE BEEN RETALIATED AGAINST BY THE WARDEN OF GUS HARRISON COR. FACILITY, HE PLACED ME ON IN CELL/ROOM CONFINEMENT FOR ALL OF 8 MONTHS BEHIND THIS INCIDENT. I'VE HAD PROPERTY THAT I PURCHASED THROUGH APPROVED VENDOR'S IN THE M.D.C. TAKEN OR STOLEN FROM ME BECAUSE I REPORTED WHAT HAPPENED TO ME. MY MENTAL HEALTH HAS NEGATIVELY DETEIORATED BECAUSE OF WHAT HAPPENED TO ME. MY MEDICATION HAS BEEN INCREASED DUE TO ME BEING "PARANOID" ABOUT WHAT COULD OR MIGHT HAPPEN TO ME I HAVE A \$5,000 DOLLAR BOUNTY, A ACTIVE BOUNTY ON MY HEAD BECAUSE I HAD THE COURAGE TO STAND UP FOR MYSELF, MY FAMILY, AND REPORT THE CORRUPTION THAT TOOK PLACE. THIS INCIDENT HAS NEGATIVELY IMPACTED MY WHOLE LIFE. I WAS ALSO ASSAULTED BY AN INMATE DUE TO THIS INCIDENT HERE AT WOODLAND. (I STILL AM IN FEAR FOR MY LIFE)

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

I WOULD LIKE THE COURT TO TAKE ACTION AND FIRE ALL EMPLOYEE'S FROM ALL STATE GOVERNMENT AGENCIES THAT THEY ARE NOW EMPLOYED AT WHO TOOK PLACE IN THIS TRAGIC INCIDENT. I WOULD ASK THAT THE COURT ISSUE MONETARY DAMAGES, ACTUAL DAMAGES AND PUNITIVE DAMAGES FOR WHAT HAPPENED TO ME. I WOULD HOPE TO RECEIVE \$250,000 DOLLARS FOR ACTUAL DAMAGES, AND \$2,500,000 DOLLARS FOR PUNITIVE DAMAGES. I BELIEVE THAT IS A FAIR AND REASONABLE AMOUNT FOR WHAT I WAS PUT THROUGH. I WAS EMBARRASSED, HUMILIATED, PHYSICALLY AND SEXUALLY ASSAULTED, MENTALLY AND EMOTIONALLY ABUSED AND TRAUMATIZED, I WAS UNJUSTLY CONFINED TO A CELL FOR ALMOST A YEAR, I HAVE AN ACTIVE BOUNTY ON MY HEAD AT CERTAIN M.D.C. FACILITIES, AND TO SIMPLY PUT IT, I HAVE SUFFERED JUST FOR BEING A NATIVE AND MENTALLY ILL. AND ALSO, I HAVE EVIDENCE OF EVERYTHING THAT HAPPENED TO ME. I PRAY UN AGREE.

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

- A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☐ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

RICHARD A. HINDEN CORRECTIONAL
FACILITY IN IONTA, MICHIGAN

- B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes

☐ No

☐ Do not know

- C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☐ Yes

☐ No

☒ Do not know (I FILED MULTIPLE GRIEVANCES AND WAS DENIED RELIEF ON THEM ALL.)

If yes, which claim(s)?

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☐ Yes

☒ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☒ Yes

☐ No

E. If you did file a grievance:

1. Where did you file the grievance?

WOODLAND CENTER CORR. FACILITY AND ALSO
GIUS HARRISON CORR. FACILITY; I COULD NOT FILE AT
R.A. HANDLON BECAUSE I WAS ON OBSERVATION STATUS. NO
ACCESS TO PEN'S & PAPER.

2. What did you claim in your grievance?

STAFF CORRUPTION, AND ALSO THAT I WAS
SEXUALLY ASSAULTED BY AN M.D.C. EMPLOYEE
AGAINST MY WILL. ALSO EXTORTION, COERCION,
MANIPULATION AND ASSAULT.

3. What was the result, if any?

I RECEIVED MY INITIAL GRIEVANCE BACK (THAT I STILL HAVE)
AND IT SAID, "THIS ISSUE, IT IS BEING HANDLED
ADMINISTRATIVELY."

WORD FOR WORD. I HAVE ATTACHED ALL RESPONSES.
SEE EXHIBIT'S A-J:

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

I FILED THIS GRIEVANCE THROUGH ALL 3 STEPS. I WAS REPEATEDLY TOLD THAT MY GRIEVANCE WAS "UNTIMELY." I HAVE ALL COPIES STILL.

I WAS INITIALLY TOLD THAT "THIS ISSUE IS BEING HANDLED ADMINISTRATIVELY." I HAVE ATTACHED COPIES OF ALL GRIEVANCES AND RESPONSES.

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

N/A

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

N/A

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

PLEASE SEE EXHIBITS A-J.

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

VIII. Previous Lawsuits

The "three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury." 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this "three strikes rule"?

- ☐ Yes
☒ No

If so, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

N/A

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

- ☐ Yes
☒ No

- B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s)

Defendant(s)

N/A

2. Court *(if federal court, name the district; if state court, name the county and State)*

N/A

3. Docket or index number

N/A

4. Name of Judge assigned to your case

N/A

5. Approximate date of filing lawsuit

N/A

6. Is the case still pending?

☐ Yes

☐ No

N/A

If no, give the approximate date of disposition. _____

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

N/A

C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

☐ Yes

☒ No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

N/A

Plaintiff(s) _____

Defendant(s) _____

2. Court *(if federal court, name the district; if state court, name the county and State)*

N/A

3. Docket or index number

4. Name of Judge assigned to your case

N/A

5. Approximate date of filing lawsuit

N/A

6. Is the case still pending?

☐ Yes

☐ No

N/A

If no, give the approximate date of disposition. _____

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

N/A

IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: MAY 8th, 2023.

Signature of Plaintiff

Dione Andie Wade

Printed Name of Plaintiff

DIONE ANDIE WADE

Prison Identification #

434839

Prison Address

WOODLAND CENTER CORR. FACILITY 9036 E. M-36
WHITMORE LAKE MICH. 48189
 City State Zip Code

EXHIBIT

A

MICHIGAN DEPARTMENT OF CORRECTIONS
PRISONER/PAROLEE GRIEVANCE FORM

4835-4247 10/94
 CSJ-247A

Date Received at Step I _____ Grievance Identifier: _____

Be brief and concise in describing your grievance issue. If you have any questions concerning the grievance procedure, refer to PD 03.02.130 and OP 03.02.130 available in the prison Law Library.

Name (print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date

What attempt did you make to resolve this issue prior to writing this grievance? On what date? _____
 If none, explain why.

State problem clearly. Use separate grievance form for each issue. Additional pages, using plain paper, may be used. Four copies of each page and supporting documents must be submitted with this form. The grievance must be submitted to the Grievance Coordinator in accordance with the time limits of OP 03.02.130.

 Grievant's Signature

RESPONSE (Grievant Interviewed? ☐ Yes ☐ No If No, give explanation. If resolved, explain resolution.)

 Respondent's Signature

 Date

 Reviewer's Signature

 Date

 Respondent's Name (Print)

 Working Title

 Reviewer's Name (Print)

 Working Title

Date Returned to
 Grievant:

If resolved at Step I, Grievant sign here.
 Resolution must be described above.

 Grievant's Signature

 Date

DISTRIBUTION: White, Green, Canary, Pink — Process to Step One; Goldenrod — Grievant

EXHIBIT

B

MICHIGAN DEPARTMENT OF CORRECTIONS
4835-0976
FIRST STEP GRIEVANCE RECEIPT

CAJ-976 11/94

Date: December 6, 2021

From: MTU Grievance Coordinator N. Lake

To: Wade 434839

Lock: WCC

SUBJECT: Step I Grievance Receipt

Your Step I grievance regarding; staff corruption.

was received in this office on 12/6/2021 and you should receive a response no later

than 12/29/2021. If you have not received a response by this date, or were given

an extension, you may submit a *written* request for an appeal form to the office of the person

sending the memorandum. You will need to note on your request the grievance identifier that was

assigned to this grievance, Identifier MTU2112 1025 28e.

EXHIBIT

C

MICHIGAN DEPARTMENT OF CORRECTIONS
PRISONER/PAROLEE GRIEVANCE FORM

4835-4247 10/94
 CSJ-247A

Date Received at Step I _____ Grievance Identifier: _____

Be brief and concise in describing your grievance issue. If you have any questions concerning the grievance procedure, refer to PD 03.02.130 and OP 03.02.130 available in the prison Law Library.

Name (print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date

What attempt did you make to resolve this issue prior to writing this grievance? On what date? _____
 If none, explain why. _____

State problem clearly. Use separate grievance form for each issue. Additional pages, using plain paper, may be used. Four copies of each page and supporting documents must be submitted with this form. The grievance must be submitted to the Grievance Coordinator in accordance with the time limits of OP 03.02.130.

 Grievant's Signature

RESPONSE (Grievant Interviewed? ☐ Yes ☐ No If No, give explanation. If resolved, explain resolution.)

Respondent's Signature _____ Date _____ Reviewer's Signature _____ Date _____

Respondent's Name (Print) _____ Working Title _____ Reviewer's Name (Print) _____ Working Title _____

Date Returned to
 Grievant: _____

If resolved at Step I, Grievant sign here.
 Resolution must be described above.

Grievant's Signature _____ Date _____

DISTRIBUTION: White, Green, Canary, Pink — Process to Step One; Goldenrod — Grievant

EXHIBIT

D

4835-4248 5/09
CSJ-247B

Grievance Identifier:

0	1	0	2	1	1	2	1	0	2	5	2	8	6
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The white copy of the Prisoner/Parolee Grievance Form CSJ-247A (or the goldenrod copy if you have not been provided with a Step I response in a timely manner) **MUST** be attached to the white copy of this form if you appeal it at both Step II and Step III.

If you should decide to appeal the Step I grievance response to Step II, your appeal should be directed to: _____
G. C. N. CAHRE by _____. If it is not submitted by this date, it will be considered terminated.

If you should decide to appeal the response you receive at Step II, you should send your Step III Appeal to the Director's Office, P.O. Box 30003, Lansing, Michigan, 48909.

Name (Print first, last) DINE & DINE	Number 434839	Institution M.T.C./M.F.	Lock Number A-33 5-142	Date of Incident Jan. 2021 Feb. 2021	Today's Date 12/23/21
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[illegible]

STEP II — Response

Date Received by
Step II Respondent:

Nelida Branan Nelida Branan VI/1/20
Respondent's Name (Print) Respondent's Signature Date

Date Returned to Grievant:

STEP III — Reason for Appeal I AM APPEALING THE STEP II GRIEVANCE RESPONSE I JUST RECEIVED. MY GRIEVANCE IS NOT UNUSUAL, I WAS TRANSFERRED 4 DIFFERENT TIMES WHILE THIS ISSUE WAS BEING RAISED, I WAS KEPT IN ISOLATION FOR LONG PERIODS OF TIME DUE TO THESE ALLEGATIONS I BROUGHT FORTH AND I WAS CONSTANTLY BEING IGNORED BY THE GRIEVANCE ADMINISTRATOR AT EACH FACILITY, ESPECIALLY M.T.V., BECAUSE I HAD TO WAIT ON A RESPONSE WITH EACH TIME I WISHED OR SUBMITTED THIS COMPLAINT TO HIM. I AM A SEVERELY MENTALLY ILL INDIVIDUAL, MY DISABILITY REQUIRED ME TO GET HELP EXPLAINING THESE GRIEVANCES. MY ALLEGATIONS ARE TRUE, AND MY RIGHTS WERE VIOLATED AS A RESULT OF THIS INCIDENT. PLEASE HELP.

Donna Wade # 434839

NOTE: Only a copy of this appeal and the response will be returned to you.

STEP III — Director's Response is attached as a separate sheet.

DISTRIBUTION: White – Process to Step III; Green, Canary, Pink – Process to Step II; Goldenrod – Grievant

EXHIBIT

E

MICHIGAN DEPARTMENT OF CORRECTIONS

4835-3318

DISBURSEMENT AUTHORIZATION (EXPEDITED LEGAL MAIL - PRISONER)

CSJ-318 05/02

Please PRINT clearly illegible and/or incomplete forms will not be processed.

Lock

Institution

Prisoner Number

Prisoner Name (Print Clearly)

☐ Legal Postage☐ Filing Fee \$☐ Certified Mail (Must Be a Court Ordered Requirement)☐ New Case☐ Case Number

Pay To:

Mailing Address:

The following section must be completed by an authorizing staff member.

Prisoner Signature:

Date & Time Reported:

Received By:

(Print Name & Title)

Staff Signature:

Date & Time Received by Authorizing Staff:

Authorization Denied:

☐ Does not meet definition of legal mail or court filing fee as identified in CFA OP 05.03.118.☐ Not hand delivered to authorizing staff member.☐ New case or case number not on form.☐ Does not include court order for handling as certified mail.☐ Other☐ Prisoner refused to sign & date in staff member's presence.

Section below to be completed by Mail Room Staff:

Placed in Mail by:

(Print Name & Title)

Signature:

Postage Amount: \$ Date & Time placed in outgoing Mail:

Only Business Office Staff are to Write in the Section Below

Obligation Amount	Actual Expense

☐ Court filing Fee Denied due to NSF.

Date Posted: 11-12-2021

Date & Time Copy Sent to Prisoner: 11-12-2021

Processed By
(Print Name & Title):

Signature: M. L. R.

DISTRIBUTION: White - Prisoner Accounting Canary - Prisoner

Pink - Counselor's File

Goldenrod - Prisoner

EXHIBIT

F

MICHIGAN DEPARTMENT OF CORRECTIONS

"Committed to Protect, Dedicated to Success"

MEMORANDUM

Date: November 9, 2021

To: Wade 434839

Lock: WCC

From: MTU Grievance Coordinator N. Lake

Subject: PREA COMPLAINT

The PREA complaint you filed has been referred to the facility PREA coordinator. Your PREA complaint will **NOT** be handled as a grievance under PD 03.02.130 "Prisoner/Parolee Grievances" but will be handled as a PREA complaint as detailed in DOM 2016-29 Prisoner Rape Elimination Act (PREA) Grievance Process, and in accordance with the postings of the NOTICE TO PRISONERS, PRISON RAPE ELIMINATION ACT GRIEVANCE PROCESS posted in each housing unit.

Please use the facility kite system or institutional mail to direct your PREA complaint(s) to the facility PREA coordinator for filing a PREA complaint as stated below:

A prisoner shall use the Prison Rape Elimination Act (PREA) process per PD 03.03.140 to file a PREA complaint. The complaint may be completed by hand or be typewritten. However, the handwriting must be legible. Information regarding your PREA complaint should be stated briefly, concisely and limited to the **facts** involving the PREA complaint (i.e., who, what, when, where, why, how). Dates, times, places, and names of all those involved in the complaint are to be included.

A prisoner may file a PREA complaint at any time by submitting a detailed kite to the facility PREA coordinator or inspector of the institution at which the prisoner is housed. Prisoners are not required to use any informal grievance process, or to otherwise attempt to resolve an alleged incident of sexual abuse before filing a PREA grievance.

Any non-PREA issues reported on the same Step I form as the reported PREA issue must be resubmitted individually pursuant to PD 03.02.130 "Prisoner/Parolee Grievances".



G.C. Lake

EXHIBIT

G

10MICHIGAN DEPARTMENT OF CORRECTIONS
GRIEVANCE APPEAL RECEIPT – STEP II

4835-0978
CAJ-978 11/94

Date: January 11, 2022

To: Wade 434839

Lock: ARF

From: MTU Grievance Coordinator N. Lake

Subject: Receipt of CSJ-247 B Grievance Appeal Form

I acknowledge receipt of your Step II grievance appeal, Identifier MTU2112 1025 28e, which was received in this office on 1/11/2022.

Unless you are otherwise notified, you should be provided a Step II response within 15 business days of the date your appeal was received or no later than 2/2/2022. If you have not received a response by this date or given an extension, you may submit your Step III appeal to the Director's office.

EXHIBIT

H



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF CIVIL RIGHTS
LANSING

JOHN E. JOHNSON, JR
EXECUTIVE DIRECTOR

January 25, 2023

Dione Wade #434839
Woodland Center Correctional Facility
9036 E. M-36
Whitmore Lake, MI 48189

RE: MDCR Case#: 621888

Dione Wade #434839 v Michigan Department of Corrections

Dear Dione Wade #434839:

The complaint referenced above that you filed with the Michigan Department of Civil Rights has been assigned to me for investigation. I am currently reviewing the documentation in the casefile and will contact you following this review.

If additional information, witnesses or supporting documentation is needed, I will send a separate request with an appropriate deadline for submission.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark Bishop".

Mark Bishop
Safety/Security Officer and Attorney Liaison
Phone: 517-241-7909
Fax: 517-241-7520
Email: BishopM3@michigan.gov

EXHIBIT

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GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF CIVIL RIGHTS
LANSING

JOHN E. JOHNSON, JR
EXECUTIVE DIRECTOR

November 3, 2022

Dione Wade #434839
Woodland Center Correctional Facility
9036 E. M-36
Whitmore Lake, MI 48189

RE: MDCR Case#: 621888
Dione Wade #434839 v Michigan Department of Corrections

Dear Dione Wade #434839:

The complaint referenced above that you filed with the Michigan Department of Civil Rights has been assigned to me for investigation. I am currently reviewing the documentation in the casefile and will contact you following this review.

If additional information, witnesses or supporting documentation is needed, I will send a separate request with an appropriate deadline for submission.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark Bishop".

Mark Bishop
Safety/Security Officer and Attorney Liaison
Phone: 517-241-7909
Fax: 517-241-7520
Email: BishopM3@michigan.gov

EXHIBIT

J



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF CIVIL RIGHTS
DETROIT

JOHN E. JOHNSON, JR.
EXECUTIVE DIRECTOR

January 31, 2022

NOTICE OF CERTIFIED COMPLAINT

Dione Wade #434839
Woodland Center Correctional Facility
9036 E. M-36
Whitmore Lake, MI 48189

RE: MDCR Case#: 621888

Dione Wade #434839 v Michigan Department of Corrections

Dear Dione Wade #434839:

Enclosed is a copy of your certified complaint of discrimination, a copy of which has also been mailed to the Respondent. **You do not need to take any further action at this time;** however, please contact the Department if:

1. You change your address and/or telephone number
2. This matter has been resolved
3. You retain an attorney to represent you in this matter or you file in court
4. You have a proposal to resolve the complaint

The Department will contact you upon assignment to an investigator. Please understand there may be a delay in assignment. If you have not heard from us after 90 days, feel free to contact us.

IMPORTANT LEGAL INFORMATION:

Civil rights laws prohibit retaliation or discrimination against any person who has filed a complaint, testified, assisted, or participated in an investigation, proceeding or hearing. Contact the Department if you believe you have been subjected to retaliation.

You have the right to contact an attorney and/or file your own private action in accordance with state and federal laws. If you have questions regarding your rights to pursue your matter in a court of law, including but not limited to addressing statute of limitations concerns, please consult a private attorney.

Please contact me if you have any questions.

Sincerely,

Christina G. Beltz
Civil Rights Investigator
Phone: 313-456-3751
Fax:
Email: BeltzC@michigan.gov

MDCR CERTIFIED COMPLAINT INVESTIGATION PROCESS

STEP 1 – DOCKETING

Once MDCR receives a notarized signed complaint, it is placed on the docket and a copy is sent to the claimant (the person filing the complaint) and respondent (the person or organization the complaint is filed against).

STEP 2 - THE INVESTIGATION

During an investigation, the claimant and respondent (if requested) will have the opportunity to present evidence. *An analysis and investigation of a certified complaint may not include a position statement from respondent.*

An investigation may also include a site visit, interviews with witnesses and analysis of documents or conference with both parties to explore possible resolutions, clarify issues and provide a forum for presenting additional evidence.

If resolution is reached during the investigation, MDCR will close the investigation. If no settlement is reached, MDCR will complete the investigation and report on its findings.

STEP 3 - THE FINDINGS

Possible investigation outcomes include:

- **DISMISSAL** - If there is insufficient evidence to support a discrimination charge, MDCR will hold an exit interview with the claimant and dismiss the complaint. The claimant may ask for reconsideration of the decision.
- **CONCILIATION** - If there is sufficient evidence for filing a charge of discrimination, the respondent is invited to a conciliation conference. In this confidential meeting, MDCR will inform the respondent of its findings. The respondent is encouraged to take action to address the discrimination and prevent it from happening again. If a satisfactory resolution is reached, the case is closed.
- **CHARGE** - If the respondent refuses to address the situation in conciliation, MDCR may issue a formal charge of discrimination and set a date for a public hearing.
- **HEARING** - A hearing officer will conduct a public hearing on the discrimination charge. All witnesses testify under oath, the rules of evidence apply, and all parties have the right to cross examine witnesses. Following the hearing, the hearing officer will decide whether discrimination took place and if so what the appropriate penalty should be. The Civil Rights Commission will review the findings and allow the parties to argue whether they should be adopted. The Commission will then issue a final order either dismissing the case or requiring corrective action that may include paying damages to the claimant. A claimant or respondent who does not agree with the Commission's final order may appeal to the circuit court for review of the case.

Filing a discrimination complaint with the Department of Civil Rights does not prevent the parties from consulting with a private attorney and/or subject to statute of limitations taking legal action in a court of law at any point in the process.

Authority: Acts 453 and 220, P.A. of 1976, as amended.
 Completion: Required
 Penalty: Allegations of unlawful discrimination cannot be investigated without a sworn complaint.

STATE OF MICHIGAN
 DEPARTMENT OF CIVIL RIGHTS

MDCR # 621888

FED #

COMPLAINT

CLAIMANT Dione Wade #434839	RESPONDENT Michigan Department of Corrections
ADDRESS Woodland Center Correctional Facility 9036 E. M-36 Whitmore Lake, MI 48189	ADDRESS Grandview Plaza P.O. Box 30003 Lansing, MI 48909
TELEPHONE 734-449-3320	TELEPHONE 517-373-6387
Area of Discrimination: Public Accommodation/Public Service	Date of Discrimination: August 31, 2021

Statement of Alleged Discrimination:

I am a man and I have disabilities. I believe that I have been subjected to harassment and sexual harassment most recently on August 31, 2021, due to my sex and disabilities.

I am a resident of the respondent's Woodland Correctional facility located in Whitmore Lake, Michigan.

Hostile Environment 8/31/2021 Disability

Throughout the past year and most recently, on August 31, 2021, respondent Correction Officers, mental health Professionals, and other employees, have forced me against my will to participate in illegal activities such as, smuggling illegal contraband and selling narcotics, alcohol, cellular devices, and other prohibited items.

Sexual harassment 8/31/2021 Disability, Sex

On August 31, 2021, my mental health counselor manipulated and coerced me into have sexual intercourse with her. I reported this to the respondent's grievance policy and nothing has been done. I believe that I have been taken advantage of and subjected to this hostile environment due to my sex and disabilities.

This complaint is based on the following Law:

Elliott-Larsen Civil Rights Act No 453, Public Act of 1976, as amended

Michigan Persons with Disabilities Act No. 220, Public Acts of 1976, as amended

I swear or affirm that I have read the above complaint and that it is true to the best of my knowledge, information and belief. I have notified the department of all other civil or criminal actions pending with regard to the allegations in this complaint. <u>Dione Wade 12/20/21</u> SIGNATURE OF CHARGING PARTY/CLAIMANT	Subscribed and sworn to before me This <u>20</u> day of <u>DEC</u> , 2021 at <u>FLORIAN</u> , Michigan.
	My Commission expires (dd/mm/yyyy) <u>07/18/2025</u> <u>[Signature]</u> SIGNATURE OF NOTARY
Complaint taken by: <u>Christina G. Beltz</u>	Commissioned in <u>WASHTENAW</u> County. NOTARY PUBLIC, STATE OF MI COUNTY OF WASHTENAW MY COMMISSION EXPIRES JUL 18, 2025 ACTING IN COUNTY OF <u>LENAWEE</u>

DIONE WADE # 434839
WOODLAND CENTER CORR.
FACILITY
9036 E.M-36
WHITMORE LAKE, MI 48189

RECEIVED
MAY 22 2023
CLERK'S OFFICE
U.S. DISTRICT COURT

003.189

U.S. MARSHALS

Plus

TO: CLERK OF THE COURT
UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF MICHIGAN
THEODORE LEVIN UNITED STATES COURT HOUSE
231 WEST CAFAYETTE BLVD. ROOM 564
DETROIT, MI 48226